Case 17-23450 Doc 13 Filed 11/08/17 Page 1 of 5

| Fill | in this information t | o identify your cas | se: | | | | | | | | | | |
|--------|---|---------------------|---|-------------------------|------------------|----------|--------|-------------|-----------------|---------|---------|----------------------|--------------|
| Deb | otor 1 | Jeffery Pears | son | | | | _ | | | | | | |
| | otor 2 ouse, if filing) | | | | | | _ | | | | | | |
| Uni | ted States Bankrup | tcy Court for the: | DISTRICT OF MARYL | AND, GREEN | IBELT DIV | SION | 1 | | | | | | |
| Cas | se number 0:1 | 7-bk-23450 | | | | | | Chec | k if this is | : | | | |
| (lf kr | nown) | | | | | | | | n amende | | • | | |
| | | | | | | | | | supplemacome as | | | | n chapter 13 |
| O. | fficial Form | <u> 106l</u> | | | | | | N | /IM / DD/ ` | YYYY | _ | | |
| S | chedule I: | Your Inco | me | | | | | | | | | | 12/1 |
| spo | use. If you are sep ch a separate shee | arated and your | re married and not filing spouse is not filing with n the top of any addition | n you, do not | include in | forma | ation | about y | our spou | ıse. If | more | space is n | eeded, |
| 1. | Fill in your emploinformation. | oyment | | Debtor 1 | | | | | Debtor 2 | 2 or n | on-fili | ng spouse | |
| | If you have more t | | Employment status | ■ Employed | | | | ☐ Employed | | | | | |
| | attach a separate information about employers. | | Debtor 1 Debtor 2 o | employ | yed | | | | | | | | |
| | Include part-time, | seasonal or | Occupation | Transit Co | <u>orrdinato</u> | <u>r</u> | | | | | | | |
| | self-employed wor | | Employer's name | Montgom | ery Coun | ty G | ovt | | | | | | |
| | Occupation may i homemaker, if it a | | Employer's address | 8710 Broo Silver Spr | | | 0-18 | B 01 | | | | | |
| | | | How long employed th | ere? <u>1</u> | 2 years | | | | _ | | | | |
| Par | t 2: Give De | tails About Mont | hly Income | | | | | | | | | | |
| | mate monthly inco | | e you file this form. If yo | ou have nothin | g to report f | or an | y line | , write \$0 |) in the sp | ace. Ir | nclude | your non-fi | ling spouse |
| | u or your non-filing s ce, attach a separate | | than one employer, comb | oine the informa | ation for all | emplo | oyers | for that | person on | the lir | nes bel | low. If you i | need more |
| | | | | | | | | For Del | otor 1 | | | tor 2 or g spouse | |
| 2. | | | r, and commissions (beficulate what the monthly v | | | 2. | \$ | 6 | ,439.16 | \$_ | | N/A | <u>\</u> |
| 3. | Estimate and list | monthly overting | ne pay. | | | 3. | +\$ | | 0.00 | +\$ | | N/A | <u>\</u> |
| 4. | Calculate gross | Income. Add line | 2 + line 3. | | | 4. | \$ | 6,43 | 39.16 | ; | \$ | N/A | |

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| Deb | tor 1 | Pearson, Jeffery | _ | Ca | ase number (<i>if k</i> | nown) | 0:17-bk | ·23450 | |
|-----|-----------------------------|--|---|-------|---|--|--|--|------------------|
| | | | | F | For Debtor 1 | | | otor 2 or | |
| | Сору | y line 4 here | 4. | \$ | 6,43 | 9.16 | \$ | ng spouse N/A | |
| 5. | List | all payroll deductions: | | | | | | | _ |
| 0. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | 9 | ∮ 1,9 7 5 | 5 86 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | · | 6.36 | \$ | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | 0.00 | \$ | N/A | _ |
| | 5e. | Insurance | 5e. | 9 | | 9.63 | \$ | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | 9 | . — | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 5 | 8.50 | \$ | N/A | - |
| | 5h. | Other deductions. Specify: UCPPO | 5h. | | | 9.31 | + \$ | N/A | |
| | | Vision | _ | \$ | | 1.47 | \$ | N/A | _ |
| | | Life | _ | 9 | · | 5.48 | \$ | N/A | |
| | | LTD1 | | 9 | · | 2.04 | \$ | N/A | _ |
| | | ADd | _ | 9 | · ——— | 1.13 | \$ | N/A | _ |
| | | | _ | 9 | · | 0.00 | \$ | N/A | - |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,659 | 9.78 | \$ | N/A | - |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,779 | 9.38 | \$ | N/A | _ |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Prorated Tax Refund | 8a. 8b. 8c. 8d. 8e. 8f. 8g. | 9 9 9 | 6 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | N/A N/A N/A N/A N/A N/A | - - - - |
| | | | _ | | | | | | - ¬ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 200 | 0.00 | \$ | N/A | <u>\</u> |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. | \$ | 3,979.38 | + \$ | N | /A = \$ | 3,979.38 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | | | ╵╙ | | | |
| 11. | Inclu- other | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your defineds or relatives. ot include any amounts already included in lines 2-10 or amounts that are not available. | epende | | | • | Schedule . | <i>J</i> . 11. + \$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | 12. \$ | 3,979.38 |
| | | and the second of the second o | | | | , 11 | - 255,100 | Combin | - |
| 13. | Do y ■ | No. Yes. Explain: | ? | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Filli | n this infor | mation to identify you | r case: | | | I | | |
|-----------------------|--|---|------------------------|--|---|-------------|------------------------------------|-------------------------------|
| | | | | | | 01 | | |
| Debt | or 1 | Jeffery Pears | on | | | Che □ □ | eck if this is: An amended filing | |
| Debt | or 2 | | | | | | ŭ | ving postpetition chapter 13 |
| (Spo | use, if filing) | | | | | _ | expenses as of the | |
| Unite | ed States Ba | inkruptcy Court for the: | DISTRI DIVISIO | CT OF MARYLAND, GREI DN | ENBELT | | MM / DD / YYYY | |
| | e number nown) | 0:17-bk-23450 | | | | | | |
| └ Of | ficial F | orm 106J | | | | I | | |
| Sc | hedu | le J: Your E | xpen | ses | | | | 12/1: |
| Be a info (if k | as compler rmation. It nown). An | te and accurate as p | ossible. led, attac | If two married people are the another sheet to this for | | | | supplying correct |
| Part | | scribe Your Househ | old | | | | | |
| 1. | | oint case? | | | | | | |
| | _ | o to line 2. loes Debtor 2 live in | a separa | te household? | | | | |
| | |] No | | | | | | |
| | | Yes. Debtor 2 must | file Offici | al Form 106J-2, Expenses | for Separate Househ | noldof Debt | or 2. | |
| 2. | Do you h | ave dependents? | ■ No | | | | | |
| | Do not lis Debtor 2. | t Debtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not sta | ate the | | | | | | □No |
| | depender | nts names. | | | | | _ | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ No |
| | | | | | - | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | expenses include | | No | | | | |
| | | s of people other tha and your dependent | | Yes | | | | |
| | | | | | | | | |
| exp | mate your | of a date after the ba | ır bankru | y Expenses ptcy filing date unless yo is filed. If this is a suppl | | | | |
| valu | | assistance and have | | overnment assistance if and it on Schedule I: Your I | | | Your exp | enses |
| (511 | | | | | | | | |
| 4. | | al or home ownershi and any rent for the g | | ses for your residence. In lot. | clude first mortgage | 4. | \$ | 1,580.00 |
| | If not inc | luded in line 4: | | | | | | |
| | 4a. Re | al estate taxes | | | | 4a. | \$ | 0.00 |
| | | pperty, homeowner's, o | or renter's | insurance | | 4b. | · | 0.00 |
| | | me maintenance, rep | | | | 4c. | \$ | 0.00 |
| | | meowner's associatio | | | | 4d. | | 100.00 |
| 5. | Addition | al mortgage paymen | ts for yo | ur residence, such as hon | ne equity loans | 5. | \$ | 0.00 |

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| Debtor 1 | Pearson, Jef | fery | Case num | ber (if known) | 0:17-bk-23450 |
|-------------------------|---|---|-------------|----------------|------------------------------|
| | | | | | |
| . Utili t 6a. | ties: Electricity, heat | natural dae | 6a. | ¢ | 200.00 |
| | • | • | 6b. | · | |
| 6b. | • | arbage collection | | · | 30.00 |
| 6c. | • | phone, Internet, satellite, and cable services | 6c. | · | 200.00 |
| 6d. | Other. Specify: | cell phone | 6d. | \$ | 102.00 |
| Foo | d and housekeep | ing supplies | 7. | \$ | 400.00 |
| Chil | dcare and childre | en's education costs | 8. | \$ | 0.00 |
| Clot | hing, laundry, an | d dry cleaning | 9. | \$ | 100.00 |
| 0. Pers | onal care produc | cts and services | 10. | \$ | 75.00 |
| | ical and dental e | | 11. | . — | 50.00 |
| | | de gas, maintenance, bus or train fare. | 4.0 | | |
| | ot include car pay | | 12. | | 100.00 |
| 3. Ente | rtainment, clubs | , recreation, newspapers, magazines, and books | 13. | \$ | 150.00 |
| 1. Cha | ritable contributi | ons and religious donations | 14. | \$ | 0.00 |
| 5. Insu | rance. | | | | |
| Do n | ot include insurar | ice deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | | 15a. | \$ | 0.00 |
| 15b. | Health insurance | e | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurand | ce | 15c. | \$ | 271.00 |
| | Other insurance | | 15d. | | 0.00 |
| | | taxes deducted from your pay or included in lines 4 or 20. | | Ť | 0.00 |
| Spec | | taxes deducted from your pay of included in lines 4 of 20. | 16. | \$ | 0.00 |
| | allment or lease | | | _ | |
| | Car payments for | | 17a. | · | 263.00 |
| 17b. | Car payments for | or Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | | 17d. | \$ | 0.00 |
| 8. You | r payments of ali | mony, maintenance, and support that you did not report as | | | |
| | | pay on line 5, Schedule I, Your Income (Official Form 106l). | 18. | \$ | 0.00 |
| 9. Oth | er payments you | make to support others who do not live with you. | | \$ | 0.00 |
| Spec | cify: | | 19. | | |
| 0. Oth | er real property e | xpenses not included in lines 4 or 5 of this form or on Sche | dule I: You | r Income. | |
| 20a. | Mortgages on ot | her property | 20a. | \$ | 0.00 |
| 20b. | Real estate taxe | S | 20b. | \$ | 0.00 |
| 20c. | Property, homeo | owner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | pair, and upkeep expenses | 20d. | · | 0.00 |
| | | ssociation or condominium dues | 20a. | | |
| | | sociation of condominatin dues | | | 0.00 |
| i. Othe | er: Specify: | | | +\$ | 0.00 |
| 2. Calc | ulate your montl | nly expenses | | | |
| 22a. | Add lines 4 throu | gh 21. | | \$ | 3,621.00 |
| | | nthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | | | · - | 2 004 00 |
| | | 22b. The result is your monthly expenses. | | \$ | 3,621.00 |
| | ulate your montl | • | | • | |
| | . , | our combined monthly income) from Schedule I. | 23a. | | 3,979.38 |
| 23b. | Copy your mont | nly expenses from line 22c above. | 23b. | -\$ | 3,621.00 |
| 230 | Subtract your m | onthly expenses from your monthly income. | | | |
| 200. | | ir monthly net income. | 23c. | \$ | 358.38 |
| For e | xample, do you explication to the terms | rease or decrease in your expenses within the year after your car loan within the year or do you expect you of your mortgage? | | | ase or decrease because of a |
| | | ain here: | | | |
| ΠY | es. <u>∟xp</u> | ain here: | | | |

| Debtor 1 | | | | | |
|---|---|--------------------------|---------------------------------|--|--|
| - | Jeffery Pearson | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 Spouse if, filing) | First Name | Middle Name | Last Name | | |
| Jnited States Ba | inkruptcy Court for the: | DISTRICT OF MARYI | LAND, GREENBELT DIVISION | N | |
| Case number | 0:17-bk-23450 | | | | |
| if known) | | | | | Check if this is an amended filing |
| two married pe ou must file this btaining money | eople are filing together s form whenever you fil or property by fraud ir | , both are equally respo | | information. aking a false state | 12/1 |
| Ja. 5, 61 Dolli. 10 | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | ikrupicy case can result in n | nes up to \$230,000 |), or imprisonment for up to 20 |
| · | 8 U.S.C. §§ 152, 1341, 19 n Below | 519, and 3571. | ikrupicy case can result in n | nes up to \$230,000 |), or imprisonment for up to 20 |
| Sign | n Below | | orney to help you fill out ban | |), or imprisonment for up to 20 |
| Sign | n Below | | | |), or imprisonment for up to 20 |
| Sign Did you par ■ No | n Below | | | kruptcy forms? Attach <i>Bar</i> | okruptcy Petition Preparer's Notice, |
| Did you pay No Yes. N | n Below y or agree to pay some | one who is NOT an atto | | kruptcy forms? Attach Bar Declaration | okruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| Did you pay No Yes. N Under penal that they are | y or agree to pay some | one who is NOT an atto | orney to help you fill out ban | kruptcy forms? Attach Bar Declaration | okruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| Did you pay No Yes. N Under penal that they are X /s/ Jeff | n Below y or agree to pay some Name of person Ity of perjury, I declare | one who is NOT an atto | orney to help you fill out bank | kruptcy forms? Attach Bar Declaration | okruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |